

Government Monitoring Mechanism for the Private Medical Colleges in Bangladesh

Mahbuba Bilkis¹

ABSTRACT

Medical education plays a pivotal role in shaping the healthcare workforce of any country. In Bangladesh, both public and private medical colleges contribute significantly to producing competent healthcare professionals. Private entrepreneurship is relatively new in the medical education field in Bangladesh, however, the number of private medical colleges is double than the public ones now. This research aimed to identify the challenges of existing monitoring mechanism of the private medical colleges in Bangladesh and explore more appropriate strategies to enhance the monitoring mechanism by the government for fostering better compliance and overall educational quality in those institutions. The study employed both primary and secondary data to gather comprehensive information. Primary data collected through Key Informant Interview (KII), Focus Group Discussion (FGD) and Case Study. The secondary data gathered from relevant literatures, documents, official letters and websites. The study found that absence of centralized database for managing information, manual service delivery procedure, overlapping administrative authority and their poor coordination, no ranking system of the institutions, and lack of comprehensive handbook of all relevant laws (Acts, Rules, Circulars, Office Orders etc.) are the main challenges of the existing monitoring mechanism by the Government. More fruitful monitoring can be done through automated service delivery, ensuring accreditation, rigorous inspection and sudden visit, using comprehensive and appropriate format for inspection report, introducing ranking system and facilitating collaboration among public and private institutions.

Keywords: Monitoring; Medical Education; Private Medical Colleges; Quality; Government; Bangladesh.

INTRODUCTION

Background and Context

¹ Deputy Secretary, Medical Education and Family Welfare Division, Ministry of Health and Family Welfare, Government of the People's Republic of Bangladesh Email: bilkismahbuba@gmail.com

Bangladesh is a country with huge population and the government is committed to provide quality health services to all its citizens. Quality medical education system is very important for a country, as it produces doctors who are the key health service providers to the people. In Bangladesh, alongside the public medical colleges, private entrepreneurship has also been developed in medical education arena and they are playing a vital role. There are 37 government medical colleges and 71 private medical colleges in Bangladesh till now. Since the number of private institutions is about double than the public ones, therefore, it is essential indeed to monitor these institutions properly to optimize their performance.

One of the major conditions to establish a private medical college is having a 250-bed hospital two years prior establishing the college. Hospital is an integral part of any medical college. A medical college, whether it is public or private, is providing both medical education and health service. Therefore, the improvement of total quality of medical college impacts on both medical education and health care services. The private medical colleges in Bangladesh deserve special attention of the Government as these are generating both health care professionals and health services to the People.

Monitoring of the Government plays a vital role for enhancing the quality of the private medical colleges. Bangladesh Government formulated necessary laws and policies, taken suitable decisions for the development of these private institutions. The Medical Education and Family Welfare Division (MEFWD) of the Ministry of Health and Family Welfare is rendering continuous efforts to uplift the standards of the private sector medical colleges. However, the monitoring mechanism should be evaluated for better results.

Statement of the Problems

The Government has developed necessary laws, decisions and strategies to monitor the private medical colleges; however, there is a problem of non-compliance by the private medical colleges. The Directorate General of Medical Education (DGME) had suspended the admission of students to MBBS courses for the academic year 2023-24 in four private medical colleges in the country. The notification circulated by DGME states that the professional certificate approval of the students of those four institutions has been stopped due to non-compliance with the instructions of the Ministry of Health and Bangladesh Medical and Dental Council (BMDC). It had been requested to domestic or foreign students not to be admitted in those medical colleges (The Daily Bangladesh, 2024). Furthermore, it is reported by 'the daily Star' (2019) newspaper that most private medical colleges in the country are running without sufficient number of teachers and without the necessary infrastructure. It is mentioned in the report that there is little scope for students to acquire practical knowledge in these colleges as a negligible number of patients visit these hospitals. For a college which enrolls 50 students, it should have at least 177 teachers as suggested by the BMDC, however, this is not maintained in most of the private medical colleges. In these circumstances, the government should monitor that the existing medical colleges have sufficient number of good teachers and hospital facilities with an adequate number of beds to ensure quality medical education. In addition, the parents have to pay much higher in private medical colleges comparing to the public ones, consequently, the parents have comparatively higher expectations from the

private institutions. Therefore, the challenges of the existing monitoring system should be identified for better monitoring by the Government to address the problems.

Moreover, there is an increasing evidence that people from Bangladesh travelling to neighboring countries of Asia, such as India, Thailand, Malaysia and Singapore for medical treatment due to poor quality of healthcare services, high cost, and non-availability of specialized medical treatment and facilities in the country (Ali & Anita. 2016). Around 700,000 Bangladeshis travel overseas for medical care each year and spend 3.5 billion (Kumar, Bagchi & Ray 2021). This certainly results loss of currency. Therefore, Bangladesh government should go for policy intervention to regain the faith of the people on domestic treatments by producing more quality doctors, and for this reason, monitoring strategy of private medical colleges need to be more focused, rationalized and efficient for generating the expected results.

Significance of the Study:

The study on Government Monitoring in Private Medical Colleges can be considered significant at least for the following three reasons:

Firstly, this study is related to public health which is a basic right to the people. Article 15(a) of the Constitution of the People's Republic of Bangladesh Guarantees health care services as a fundamental right to all citizens and assigns the State and the Government for its realization (GoB, 2008). To fulfill the constitutional obligation, the Government must go for suitable policy formulation and proper policy implementation. Quality medical education is one of the major backward linkages for delivering quality health services. Private entrepreneurship is relatively new in the medical education field in Bangladesh, hence, there are few studies conducted on private medical colleges. In addition, as the number of private medical colleges are double than the public ones in the country, it is not possible to ensure quality medical education focusing only on government colleges without putting emphasis on the private ones. Thus, there remains a need for an empirical study on private medical institutions. Therefore, the proposed research topic is pertinent and essential indeed.

Secondly, the government has enacted a law in 2022 and taken many initiatives to build a strong monitoring mechanism for the private medical colleges including automated admission procedure. There are 71 medical colleges which are in operation currently in the country. Among them few are doing very good having better facilities, infrastructure, academic environment and teachers. However, some private medical colleges are yet to uplift them up to the mark despite all the prevailing rules and mechanisms to monitor them. Therefore, conducting a study to know about the challenges of existing monitoring mechanism and to set further policy agenda for betterment is worthy to implement the public health policy and to optimize public interest.

Moreover, there is a quota for the admission of the foreign students in all private medical colleges of Bangladesh and 45% of the total seats in those private institutions are reserved for them. Many South Asian and East Asian students especially Indian, Nepalese, Pakistani, Sri Lankan and Iranian are studying in Bangladeshi private medical colleges. Therefore, there is a need to raise the quality of the institutions by the strict monitoring of the Government to deliver quality services to the foreign students to uphold the country's image in the globe. The empirical findings of the study will help the policy makers to develop better monitoring mechanism.

Objectives of the Study:

The proposed study has two objectives, these are:

1. To identify the challenges of existing monitoring mechanism of the private medical colleges in Bangladesh for ensuring quality medical education; and
2. To explore more appropriate strategies to enhance the monitoring mechanism by the government for fostering better compliance in private medical colleges of Bangladesh.

LITERATURE REVIEW

The first private medical college in Bangladesh established in 1986 (Bangladesh Medical College, n.d.). Since the establishment of private medical colleges in the country is a new phenomenon, therefore, a very few studies conducted on this field. There are some studies available on curriculum of Bachelor of Medicine and Bachelor of Surgery (MBBS) course only. However, overall academic environment and the capacities of the medical institutions and the role of the Government to monitor these institutions have been less focused in the empirical studies and there is found a research gap which needs to be addressed. The available literatures specially the relevant laws, rules, official letters, newspaper articles and related studies are reviewed for undertaking this study.

Mojumder (2003) carried out a detailed study titled ‘Medical Education in Bangladesh: Past Successes, Future Challenges’. This is the first and only comprehensive study on Medical Education in the country. The study discussed about the historical evolves of the medical institutions both in the public sector and in the private sector. It clearly outlined the steps taken by both the Government and by the donor. The paper said that notable reforms in the medical education arena had been started with the establishment of the Centre for Medical Education (CME) in the early 1980s and initiation of the Further Improvement of Medical Colleges (FIMC) Project in the early 1990s that can be considered as the “golden age” of medical education in Bangladesh. FIMC Project undertook a number of important reforms in collaboration with international agencies, however, those are not continued now. The medical education system inherited the typical features of colonial education, which was very much on the traditional pattern: lecture-based, teacher-centred, discipline-based, examination-driven and hospital-oriented. Till 1988, there was no formal medical curriculum except a syllabus, published by Bangladesh Medical and Dental Council (BMDC). To make the medical education need-based and community-oriented, a re-orientation of medical education movement started in the early 1980s. To promote this concept, a national community-oriented and competency-based curriculum was developed for undergraduates in 1988, which is now being updated time to time. However, this study focused more on the public medical colleges, rather than the private ones.

Khan (2012) pointed out that Bangladesh Medical and Dental Council (BMDC), Universities to which the medical colleges are affiliated and Ministry of Health & Family Welfare have laid down certain requirements for establishment of medical colleges. But unfortunately, in spite of tight roping by these regulatory authorities, many of the private medical colleges (also some of the government medical colleges) are not up to the mark. We need to find out the reasons

behind and must solve them. If we can do it, private sector medical colleges have great future and some may become famous, outstanding and centres of excellence (may be like the private sector medical schools in USA). It can also be a source of earning currency in dollar that our economy needs badly.

Khan (2004) studied on the reforming medical education and the scope of medical colleges in private sector in Pakistan. He identified that private sector medical colleges are much needed in Pakistan to fulfill the demand of the public, and to overcome the shortage of doctors in the country and to save the valuable foreign exchange. This is an important finding of the research which may be applicable for Bangladesh case as well.

Chowdhury (2023) stated that in the COVID-19 era, with the strong hand of the Government of Bangladesh; it has controlled the pandemic better than many other countries in terms of both affected sufferers with low death rates. According to the World Health Organisation of quality healthcare ranking, Bangladesh ranked 88th, which is better than any of the SAARC countries. However, he opined that the healthcare system in the country still lacks availability, equality, and reliability, which should be brought to light and taken into accounts. The immediate need, however, is to improve the quality of healthcare in Bangladesh for all classes of citizens.

Hossain (2023) said that *every year, thousands of Bangladeshi patients travel abroad in search of better medical treatment despite the availability of similar services within the country. The reasons for this trend range from a lack of trust in the local healthcare system to a desire for more advanced medical facilities.* Factors including unprofessional behaviour from healthcare professionals, misdiagnosis, lack of clear explanations of health conditions, and the tendency of doctors to recommend unnecessary tests and drugs play a key role in patients going abroad. Another major factor that plays a role in this trend is the cost of treatment. Many patients feel that the cost of medical treatment in Bangladesh is higher compared to other countries. As a result, a large number of patients flock to India for its relatively affordable excellent facilities.

Kumar, Bagchi & Ray (2021) made a study focusing on deliberate outbound medical travel from Bangladesh and identified the important factors that influence preferring foreign medical treatment of Bangladeshi patients. He opined that the health sector of Bangladesh is relatively poor. The study found that individuals chose to foreign countries from Bangladesh for cardiovascular, dental, infertility/IVF, and cancer treatments and folk were identified because of the foremost important medical treatments that persuade the patients to choose a special country. The availability of physicians and better service quality, sufficient medical facilities and services, treatment cost, and hygienic, safety, security, and attractive tourist medical places are the most important factors driving individuals to seek outbound medical services.

Private medical colleges can also meet the highest level of performance similar to public ones. According to the QS World University Rankings by subject (2023), Harvard Medical School is the top most quality medical institution which is a private medical institution. It is the precedent of the potentiality of flourishing of the medical colleges in private sector. Therefore, Bangladesh has to reach up to that level by managing the quality of PMCs by Government monitoring.

From the above reviews of the literatures, we can draw a conclusion that, inspite of monitoring by the Government, many of the private medical colleges have the lacking of the required quality. We need to find out the reasons behind this and must solve them. If the Government monitor properly, private sector medical colleges have great future and some may become famous, outstanding and centres of excellence (may be like the private sector medical schools in USA). It can also be a source of earning currency in dollar that our economy needs badly. As there is no study on Government monitoring in private medical colleges, an empirical study should be conducted to address this research gap.

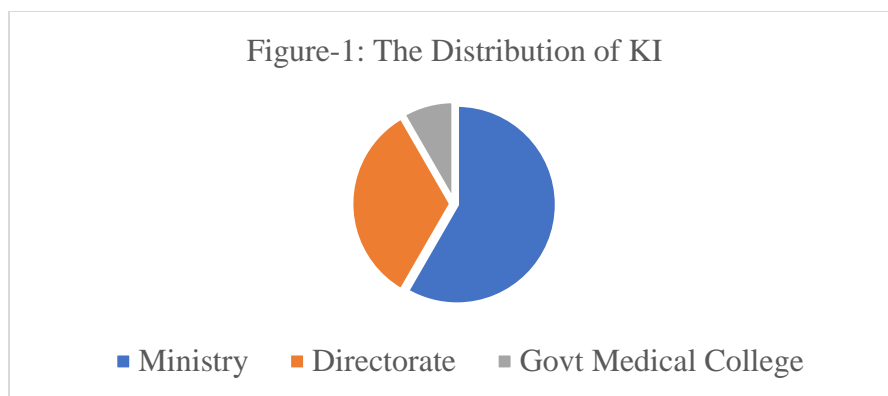
METHODOLOGY:

The study employed some qualitative methods considering the nature of the topic to gather comprehensive information. It used both primary and available secondary data. Primary data for the study collected through KI interviews, Focus Group Discussions (FGD) and Case Study methods. The secondary data gathered from relevant documents, letters, literatures, newspapers, journals and the official website of the Medical Education and Family Welfare Division. Researcher's observation had also been used in the whole study. The combination of the methods was selected to triangulate collected data. Sources of data and data collection techniques are expressed through the following table:

Table-1: Sources of Data

Methodology	Data Collection Technique	Sample Size
Interview of KII	- Taken interviews of the Key Informants and relevant officials of the Ministry and the directorate according to the structured questions to collect primary data. - Questions will be both open ended & close ended.	Purposively Selected 12 persons
FGD	- Focus group discussions of the owners and principals of the private medical colleges are done to collect the data. - Respondents selected by random sampling.	Total 50 persons; 5 FGDs, 10 in each group
Case Study	- One case studied intensively to illustrate and analyze the real situation.	1
Observation	- Observing the monitoring process and identify the challenges.	-
Data Collection from Secondary Source	- Relevant documents, letters, literatures, newspaper articles, journals and the official websites analyzed to collect data from secondary sources.	-

Director General and Additional Director General (ME) of Directorate of Medical Education, Wing Chief of Medical Education (ME) Wing of Medical Education and Family Welfare Division (MEFWD), Joint Secretary (Medical Education Branch) and Joint Secretary (Nursing Branch) of MEFWD, Principal of Dhaka Medical College, concern Director, Deputy Director and Assistant Director of the Directorate of Medical Education, DS (Medical Education-1) and DS (Medical Education-2) of MEFWD, and Administrative Officer (ME-2 Section) have been interviewed as KIs. The majority of the KIs were from the Ministry and it is 59% of the total figure. The distribution of KIs among the Ministry, the Directorate and the Government College are shown below:



DATA ANALYSIS AND FINDINGS

Alongside with 37 government medical colleges collectively having 5380 seats, the 67 private medical colleges together provide 6,040 seats annually for students pursuing the Bachelor of Medicine, Bachelor of Surgery (MBBS) degree. Among them, 6 colleges are run by Bangladesh Armed Forces which offer 375 seats; these colleges are not included in the government's automated admission procedure through 'One Umbrella Concept'. The Government (MEFWD) suspended admission in four private medical colleges for their lower performance and cancelled approval of two institutions for their below performance (source: secondary data). The Comparative Analysis of Public and Private Medical Colleges derived from primary and secondary data are shown in the following table:

Table 2: Comparative Analysis of Public and Private Medical Colleges

Comparative Analysis	Government Medical College	Private Medical College
Total Number of College	37	71
Total Number of Seats	5380	6040
Suspended Admission	-	4
Cancelled Approval	-	2
Source of Fund	Government Funded	Private Funded, Students' Admission Fees and Tuition Fees

(source: primary and secondary data).

Case Study

Among the 71 private medical colleges in Bangladesh, 67 colleges are now in operation, and the student admission of the other 4 colleges have been suspended by the MEFWD due to below performance. The suspended colleges are Uttara Aichi Medical College, Northern Medical Dhaka, Northern Medical Rajshahi, Shah Makhдум Medical College and CARE Medical College. Besides these 71, the Government (MEFWD) cancelled approval of 2 medical colleges in the last

year due to their continuous sub-standard performance. One case study taken here for in-depth analysis of the issues:

Case Study on College ‘A’

Private medical college A got academic approval for next two years with 50 seats from the Ministry of Health and Family Welfare in 2006. Just after two years of its approval, the Government suspended student admission in this college in 2008 as it did not comply the Government Guidelines. Then 5 years later, the Government withdrawn the suspension in 2013 as the institution fulfilled some of the conditions and shown their commitment to develop the institution. However, the college authority failed to keep their commitment to develop the academic institution. The college never renewed the academic approval from the Government, and did not renewed affiliation of BMDC after 2006-2007. There was no academic environment, very few teachers, insufficient classrooms, no labs and library facilities. Students and parents were complaining continuously regarding the below performance of the college and they were aggrieved. In this situation, the Government again suspended the admission in the college in 2017, and migrated all of its students to other colleges in the country.

After that the college authority filed a case to appropriate Court against the suspension order of the Government in 2018. According to the order of the Court, the A again started to take admissions of the MBBS students. After long 5 years, the case was finally ‘Discharged (N. P.)’ in the Court in 2023. Then the problem started with the existing students who got admitted during the suspension period of the college, because these students cannot get BMDC registration. In this complicated situation, the students of the college A filed another case in the Court to migrate them other suitable colleges. The Government found its position very complicated, as in one side the order of the Court regarding the migration should be followed, on the other side migration of the students cannot be done until the approval of the college is cancelled according to the newly enacted Private Medical and Dental College Act 2022. Therefore, the Government filed another civil petition for Leave to Appeal against the order of the case.

In these complex circumstances, the government had decided to cancel the approval of college A. Following all the lawful procedures, finally the government had canceled the approval of college A and migrated all its students to other colleges in 2023.

(Source: primary data)

Findings from the Case Study

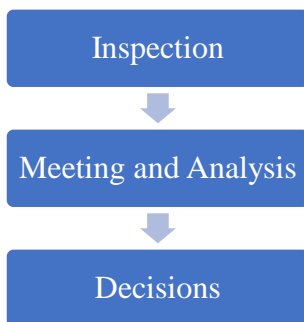
The case revealed that managing private medical colleges (PMCs) is a complex job; it requires intensive attention of the Government. The entrepreneurs of the PMCs are very influential and often do not want to comply the standards according to the laws. The valuable lives of the future generation are threatened by a below standard private medical college, where the Government intervention needed.

Findings from Secondary Data, primary data and Observations

Through secondary data, primary data and observation, it has been found that the Government monitoring process includes few core activities and steps. Till date these all are manual activities. These activities start with the Government's approval of a private medical college and include all monitoring and administrative works until cancellation of its approval (if necessary). The activities are:

a) **Approval:** A private medical college starts its formal journey with the approval of the Government. There are some criteria set in the 'Private Medical and Dental College Act, 2022 for establishing a private medical college. Establishment of medical colleges is very expensive and it includes a complex procedure indeed. It is not like the establishment of other type of academic institutions. Bangladesh Medical and Dental Council (BMDC), Public Universities to which the medical colleges are affiliated, and Ministry of Health & Family Welfare have laid down certain requirements for establishment of medical colleges. On the basis of the application from a proposed PMC, Government takes the following steps for taking decisions regarding approval:

Figure 2: Steps of Approval



b) **Inspection:** The Government takes majority of the decisions on the basis of the inspection reports. On behalf of the Government, Inspection Committee, as per the Private Medical College and Dental College Act, 2022, oversee the academic and administrative compliance of these colleges. There is a prescribed 'Inspection Committee' under 'Private Medical College and Dental College Act, 2022' headed by Director or above level officer from Directorate General of Medical Education. The Dean (Faculty of Medicine) of the affiliating University or his representative (not below professor), representative from the BMDC and MEFWD (Deputy Secretary or Senior Assistant Secretary), clinical and basic subject teacher not below the rank of associate professor are the members of inspection committee; whereas a Deputy Director or Assistant Director serves as the member-secretary of the committee.

c) **Renewal of Academic Approval:** Private Medical Colleges have to take academic renewal biannually from the government. Besides, inspection committee headed by the Dean of the affiliating university and the concerned committee of the BMDC regularly monitor the academic and administrative activity of the Private Medical Colleges for their own renewal.

d) **Official Letter for Compliance:** On the basis of the inspection reports, the MEFWD sends official letter to the PMC to obey the laws and request the PMC to inform the MEFWD regarding the progress of the remaining gap.

e) Time-bound Action Plan: The MEFWD sometimes refuses to renew academic approval of faulty PMCs that do not comply with the laws. Sometimes the MEFWD renew academic approval of PMCs providing certain conditions and ask them to submit a ‘Time-bound Action Plan’ for minimizing the prevailing Gaps and Breaches.

f) Governing Body Meeting: The Governing Body (GB) is supposed to sit for meetings in every quarterly. The representatives from the MEFWD, the DGME, the affiliated University and the BMDC are the members of the GB. Therefore, playing active role in the GB meeting is another administrative mechanism for monitoring the PMCs.

g) Withholding Renewal: The MEFWD generally withholds the renewal of academic approval until the PMC accomplish the requirements.

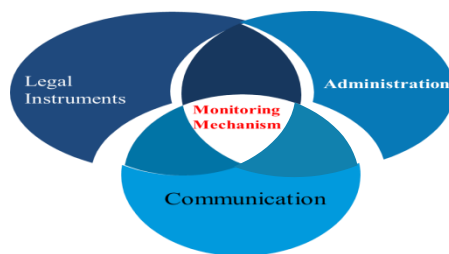
h) Suspension of Admission: If any PMC does not comply to laws, the MEFWD generally suspend the renewal of academic approval of the PMC, even for several years until they meet the standard.

i) Cancelling the Approval: When the performance of a PMC is lower standard and its reputation is very bad, and the Government often get complains from the stakeholders, the MEFWD issue letters, inspect it, write letters and call meeting to correct the institution. However, despite of all the efforts, if the PMC cannot meet the standard, the MEFWD takes attempts to close the college and cancels its approval after taking necessary hearing of the concern authority.

Three Basic Tools for Monitoring

After the analysis of the collected data, it has been found that the Existing Monitoring Mechanism of Private Medical Colleges in Bangladesh includes three basic tools, these are: legal instrument, administrative arrangements and communication systems.

Figure 3: Three Basic Tools for Monitoring



Existing Mechanisms

According to the responses of the KIs and FGD, and studying various Acts, Rules, official letters, websites, a compiled list has been prepared to know about the existing monitoring systems which includes legal instruments, administrative actions and communication ways. To find out the challenges of existing arrangements, it is necessary to learn about the prevailing systems. The existing monitoring tools can be shown through the following table:

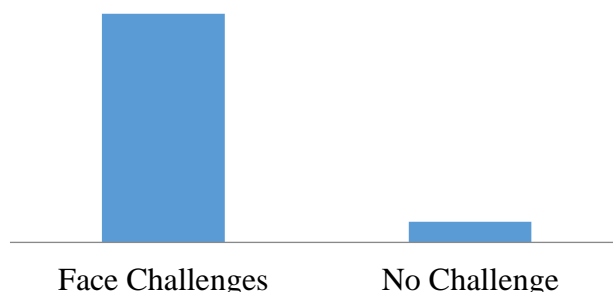
Table 3: Exploring the Existing Monitoring Mechanism

Monitoring Tools	Existing Mechanisms
Legal Instruments	<ol style="list-style-type: none"> 1. The Private Medical College and Dental College Act 2022, 2. The Bangladesh Medical Education Accreditation Act 2023 3. The Students Admission Guidelines in MBBS/BDS Courses in Medical/Dental Colleges 2024 4. The Private Medical College and Dental College (Establishment and Operation) Guidelines 2011 5. The Bangladesh Medical and Dental Council Act 2010 6. The Criteria and Standards of Bangladesh Medical and Dental Council for Recognizing Medical Colleges 7. Constitution of Governing Body of Affiliated & Constituent Colleges and Service Rule for Non-Government College Teachers 8. The Circular on Admission Fee of Private Medical Colleges. 9. The draft Private Medical College and Dental College (Establishment and Operation) Rules 2023
Administrative tools	<ol style="list-style-type: none"> 1. Automated Admission System 2. Governing Body 3. Renewal of Academic Approval 4. Inspection Committee 5. Compliance Monitoring 6. Time-bound Action Plan 7. Withholding Renewal 8. Suspension of Students' Admission 9. Cancelling the Approval
Communication Ways	<ol style="list-style-type: none"> 1. Letters and circulars; 2. Meetings, workshops and seminars; 3. Inspections/Visits; 4. Websites; 5. E-mail and telephone communication; 6. Engagement with professional associations and networks; 7. Getting information through papers; and 8. Communication during the inspections.

1) Challenges of Existing Monitoring Mechanism

The KIs were asked whether they have any challenge to monitor the PMCs. Among the 12 KIs, 11 officials opined that they face challenges in monitoring.

Figure 4: KIs Facing Challenges



Major Challenges

Analyzing the primary and secondary data and from observation, it has been found that there are some major challenges in existing monitoring mechanisms for strict implementation of polices; these are discussed below:

i) Absence of Centralized Database

Among the 12 KIs, 8 KIs have informed that absence of centralized database is the main challenge for undertaking proper monitoring. The respondents of the FGD also mentioned that they have lack of information. By analyzing the primary and secondary data and using the observation method, it has been found that a centralized database is necessary for better management of the monitoring. Lack of comprehensive data in the hand of decision makers is the main drawback and challenge of monitoring the PMCs. This situation makes delay the decision making and monitoring process as the concern officials do not have a clear picture. The personnel who involve in monitoring, they do not have easy and ready information regarding renewal and other lacking information of any particular college. Therefore, absence of centralized database is the core challenge in monitoring mechanism.

ii) Manual Procedure

From interviews of KIs, findings from FGD and from observation method, it has been found that all the monitoring works of the Government are being done manually. While the whole world is embracing the Fourth Industrial Revolution (4IR) and integrating the Internet of Things (IoT), Artificial Intelligence (AI) and Advanced Automation, all these monitoring works are being done manually. At present, for getting approval of the Government, a proposed private medical college authority submits an application manually with all relevant papers according to the existing laws and rules. They submit renewal application by their physical visits as well. There is no prescribed form of application, no developed checklist is found anywhere, and required instructions for submitting an application are not available in the website as well. After receiving the application, it is generally put up in the file, the file moves to higher authority for taking a decision. There is no online tracking system of the application; therefore, applicants cannot track the process. Applicants are not involved in any steps of the process other than on-campus (if any) inspection of the institution. Sometimes, there is a lack of papers or information; however, there is no scope of involving the applicant to supply the further required papers or information or to know about the gaps in the application. However, the manual service delivery process is one of the major challenges in existing monitoring process.

iii) Poor Coordination among the Administrative Authorities

It has been found that the private medical colleges (PMCs) are monitored by the Government, the BMDC and the affiliated Public Universities. Private medical colleges operate under the jurisdiction of the Ministry of Health and Family Welfare (MoHFW). They are affiliated with Universities in their respective regions. To ensure quality education, they must meet the

criteria set by the Bangladesh Medical and Dental Council (BM&DC). These all authorities have their own laws and instruments to monitor the PMCs. These instruments aim to ensure standardization and coordination among all private medical colleges. However, some of these instruments are overlapping and some needs coordination with other Administrative Authorities. Better coordination and team approach need for better result. Poor coordination among these institutions is another major challenge in monitoring the PMCs.

The FGD, with the help of several secondary sources, sorted out the following administrative systems of the PMCs according to the authority of administration:

Table 4: The Administrative Systems of the PMC by different Authority

MEFWD & DGME	Affiliating University (Registrar, Controller, College Inspector and Dean).	BMDC	CME (Center for Medical Education)	BCPS (Bangladesh College of Physician and Surgeon)
1) Approval 2) Students admission 3) Inspection 4) Renewal 5) Student seat allocation, increase and reserve.	1) Academic calendar. 2) Governing Body formation. 3) Yearly inspection & affiliation 4) Teachers' recruitment 5) Students' registration, Examination Conduct, Issue Transcript and Degree Certificate 6) Teachers Evaluations and Promotions.	1) Students' registration 2) Yearly inspection and affiliation 3) Doctors' registration 4) Doctors' practicing License issue (Under Graduate & Post-Graduate). 5) Doctors' recruitment guideline 6) Degree affiliations and recognition (Local and foreign). 7) Curriculum implementation.	1) Curriculum evaluation and suggestions to improve or revise 2) Arrange Training, Workshop and Seminar 3) Academic research and publication.	1) Post-Graduate training accreditation 2) Post - Graduate course operation and monitoring 3) Post-graduate examinations conduct, evaluation and result publication 4) Arrange trainings, workshops and Seminars.

(Source: Primary and secondary data)

iv) No ranking System

There are several good quality private medical colleges that maintain standards and obey the regulations. These are capturing the demand of domestic and foreign students by upholding quality. However, the quality of all the private medical colleges is not up to the mark, and some of them are often criticized for their below performance. From primary data and observation, it is found that there is no ranking system of the PMCs.

Without ranking system, all the PMCs are receiving same efforts from the monitoring authority, and the college authorities do not feel motivated for the compliance and development. Therefore, absence of ranking system is another challenge to monitor PMCs properly.

v) Absence of Comprehensive Guideline

The study revealed that there are so many Acts, Policies, Rules, Guidelines and Orders for monitoring the PMCs from different authorities. Even all the stakeholders, especially all the PMC authorities are not aware of all of these laws. It is found that the owners or the principals of private medical colleges do not know clearly about all the laws, rules, circulars and guidelines. Moreover, there are so many laws but no simplified compiled handbook. There is need for a precise, comprehensive, compiled handbook to make everybody easily understandable for the compliance of the laws.

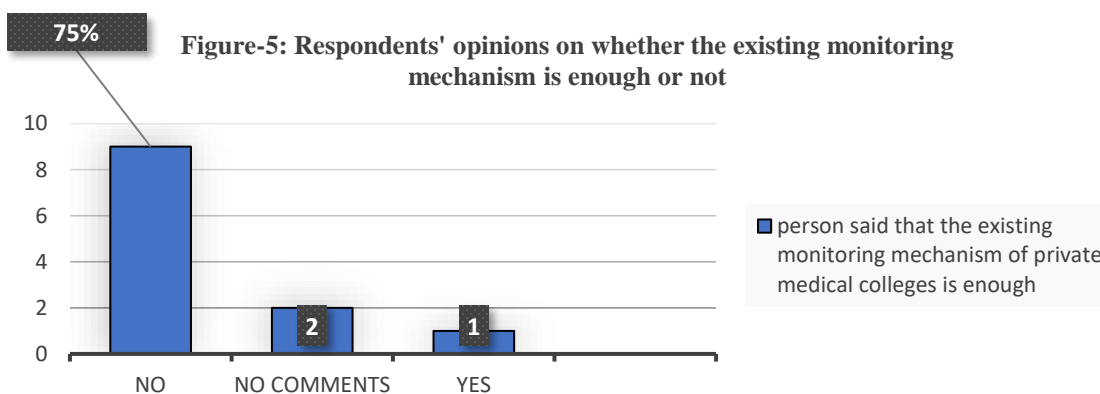
vi) PMC Owners are Influential

It is found from the study that the owners of PMCs are socially, politically and financially influential. The concern KIs opined that they try to influence decision making and monitoring process of the Government. The Case Study also revealed this information. For this reason, they are not motivated for strict compliance. This is another challenge to work for monitoring the PMCs.

2) More Appropriate Strategies to Enhance Monitoring

Monitoring Mechanism Needs Improvement

The respondents were asked whether they think that the existing monitoring mechanism of private medical colleges is enough for ensuring quality medical education in Bangladesh or not. Among the 12 KIs who are playing the most important roles for monitoring private medical colleges in the country, 1 person said that the existing monitoring mechanism of private medical colleges is enough, however, 9 other Key Informants (KI) opined that the existing monitoring mechanism of private medical colleges is not enough, and 2 persons did not comment on the issue. The opinions on sufficiency of existing mechanism are shown below through a pie chart:



(Source: Primary data)

The question regarding the appropriateness of the current monitoring mechanism for private medical colleges in ensuring quality medical education in Bangladesh raises concerns about the effectiveness of the system. It indicates a need for further evaluation and potential enhancements to meet the desired standards.

KIs have Policy Suggestions

The KIs were asked whether they have any policy suggestion(s) for improvement of the monitoring systems of private medical colleges in Bangladesh. Ten out of the twelve key relevant Government Officials said that they have policy suggestions for improving the existing monitoring systems. Therefore, the following table indicates that majority of the respondents have additional policy suggestions with the existing ones.

Table-5: KIs have Policy Suggestions or not

KIs have Policy Suggestions or not	Frequency	Percent
Yes	10	83
No	2	17

More Appropriate Strategies

From the primary data, secondary data and observation, some more appropriate strategies for better monitoring are identified; these are discussed below:

a) Automated Service Delivery

Bangladesh Government has a vision to build a Smart Bangladesh by integrating the 4IR technologies. The Government continuously perusing for innovations as well. Moreover, there is an instruction in our 'Secretariat Instructions' to build a paperless office for speedy disposal of works. Therefore, there is a need for updating the existing manual service proving procedure by using advanced automated technologies.

One valuable strategy for improving the monitoring mechanism of private medical colleges in Bangladesh is the introduction of an integrated information system to automate the current process. This idea aims to streamline communication, coordination, and information dissemination, potentially improving the efficiency and effectiveness of monitoring private medical colleges by automating the current monitoring process.

The FGD proposed an automated procedure which involves the following steps:

1. Making available of the all required information, the application form and the checklist (enclosure) in the website;
2. Online submission of the applications with the enclosures (NID, Bank Statement, Land Information, Building Information, Campus space information, Hospital Information, Teachers and personnel Information, Lab and Library Information, Number and sizes of Step-up Gallery, Lifts and Dormitory Facility etc.);
3. Online tracking system of the applications through Internet of Things (IoT);
4. Inspection Date informed by auto SMS. It will be also available in the website;
5. Uploading the Inspection Report in the website, and informing the applicant by auto SMS;
6. Collecting the relevant information for justification through Artificial Intelligence (AI) by the integrated information of NID, Bank Statement, Land and other information.
7. Notification of meeting through SMS and Website;
8. If any other information needed, the applicant will receive an automatically generated SMS.
9. Finally, decision dissemination through SMS and Website.

b) Establishing Centralized database

One fruitful strategy is to establish a centralized database or information management system. This system would integrate data from regulatory bodies, government agencies, and educational institutions to streamline communication, monitoring, and oversight processes. It could include modules for accreditation status, faculty qualifications, infrastructure assessments, student enrollment, and compliance records, accessible to authorized stakeholders.

Centralized database will enable the PMCs to know about their own condition and to draw a comparative analysis with other PMCs for creating a positive competition. As Medical education having all kinds of facilities available in the academic institution is considered as the ‘Quality medical education’, therefore, the database should contain entire information of all the PMCs including land information, floors space, infrastructure i.e. classrooms, tutorial rooms, step up galleries, labs, simulation lab, teachers’ rooms, dormitories etc. and necessary personnel i.e. number of teachers, staffs, and resources i.e. essential books and number of seats in the library and other relevant statistics. It should also consist of the obligations and requirements according to the prevailing laws of the Government and the BMDC, and identify whether any particular medical college has fulfilled these or there is any prevailing gap. It will speed up the decision making and ensure transparency.

c) Ensuring Accreditation

KIs suggested for ensuring accreditation as an important strategy that can be incorporated with the existing systems. Bangladesh Government recently enacted ‘the Bangladesh Medical Education Accreditation Act, 2023 aiming for accreditation of the medical colleges. This Accreditation Council is being building now for operationalize the accreditation. When this Council will start its work in full swing, the PMCs will be more answerable and motivated for development.

d) Rigorous Inspection and Sudden Visit

FGD suggested that stakeholder representatives should be included in the inspection teams to provide valuable insights for administrative decisions and actions. The need for balanced reporting of both shortcomings and positive aspects during inspections is emphasized. Continuous changes in inspection team members hinder proper inspection. The importance of training for inspection committee members are also mentioned in the FGD. These inspections should be conducted collaboratively to ensure comprehensive oversight. They suggested for a unified approach involving multiple inspection committees to streamline the process.

The majority of KIs suggested for introducing sudden visit (visit without notice or informing them) for capturing the real situation and for better controlling the PMCs. From observation and analyzing the inspection notice, it is found that inspections are generally previously declared and noticed.

When a PMC get notice for inspection, it takes various preparations for the inspection. Therefore, the inspections are pre-arranged and proper monitoring is questioned sometimes. Declared inspections are good for periodically and occasionally; however, sudden visits are also needed for better monitoring. Implementing regular and rigorous inspections could enhance accountability and transparency. These inspections should focus on key areas such as infrastructure, faculty qualifications, curriculum implementation, and student outcomes.

e) Comprehensive Format for Inspection Report

The KIs put importance on preparing a comprehensive format for inspection report. As per the information from the interviews, a draft format has been prepared for enclosure of the draft Rules, but it is yet to be approved.

As the Government takes most of the decisions on the basis of the inspection reports, therefore, the format of the report should be all-inclusive and suitable for the PMCs. It should also have the inclusion of all set standards mentioned in laws to serve the purpose of all the monitoring bodies. Suitable format will generate fruitful inspection, and in-depth inspections reports will lead to better monitoring.

f) Introducing Ranking System

Primary data revealed that another appropriate strategy is to introduce of a grading or ranking of the private medical colleges according to their performance, facilities and services. This

strategy will create a positive competitiveness among the private colleges to uplift their image. It can help the stakeholders to assess the institutions as well. Moreover, KIs opined that if the score of a certain PMC is below 25 out of 100 in the form, the academic approval of that PMC can be cancelled by the authority. Introducing scoring system in the inspection form is another appropriate strategy of monitoring and performance evaluation.

g) Collaboration

Majority of the respondents of the FGD suggested public private collaboration as a fruitful technique for better result. Collaboration with the government institutions will certainly help the PMCs to uplift their quality. Fostering collaboration between regulatory bodies, government agencies, and private medical colleges through regular forums and working groups can facilitate information sharing, policy development, and capacity building. Encouraging self-assessment and peer-review mechanisms among medical colleges can also promote continuous improvement and quality assurance. Therefore, Facilitating collaboration can be a fruitful strategy in monitoring process and further development.

h) Training

Most of the respondents of the FGD think that regular training can enhance their capacity and motivation. Investing in the training and professional development of teachers and regulatory staff, particularly in areas such as accreditation standards, quality education, and communication skills, would strengthen the effectiveness of monitoring efforts.

i) Unified Coordination:

Stakeholders emphasized the importance of unified coordination among different legal instruments, administrative bodies, and communication channels. Suggestions were made to form a coordination committee involving representatives from various authorities to streamline monitoring processes, the MEFWD may lead this.

Additional Findings regarding Appropriate Strategies

Some KIs suggested for motivation raising activities with mass awareness, strict implementation of existing laws, formulating more supportive policies (technical, financial), periodic follow-up, feedback taking, bringing all the medical colleges under single umbrella (such as Army Medical Colleges), correcting existing Act, ensuring the sufficient number of teachers. Some respondents suggested for without-notice inspection and better coordination among the BMDC, University and the MEFWD. The suggestions from the private medical college authorities include the involvement of stakeholders and one combined inspection. Suggestions included the need for unified policies, rules, and acts to ensure effective monitoring and quality assurance in medical education. The respondents were suggested to complete the formulation process of the Private Medical College and Dental College (Establishment and Operation) Rules with unified Service Rules for the personnel of the PMCs. Concerns were also raised about the need to reduce discrepancies in facilities between government and private medical colleges and to ensure suitable laws for investors. Recommendations included pairing private medical colleges with government

colleges, providing professional development programs, and reducing discrimination in facilities. The Government can provide trainings to the PMCs' teachers through the CME.

OVERALL FINDINGS

In conclusion, the study found that absence of centralized database for managing information, manual service delivery procedure, overlapping administrative authority and their poor coordination, no ranking system of the institutions, and lack of comprehensive handbook of all relevant laws (Acts, Rules, Circulars, Office Orders etc.) are the main challenges of the existing monitoring mechanism of the Government. More fruitful monitoring can be done through automated service delivery, ensuring accreditation, rigorous inspection and sudden visit, comprehensive and appropriate format for inspection report, introducing ranking system and facilitating collaboration among public and private institutions.

LIMITATION OF THE STUDY

The overseeing private medical colleges involves a multi-faceted approach. These private institutions fall under the purview of affiliating Universities, the Bangladesh Medical and Dental Council (BMDC), and on behalf of the Government, the Medical Education and Family Welfare Division (MEFWD) of the Ministry of Health and Family Welfare Bangladesh. However, this study aimed to focus on only the Government's policies, strategies, tools and mechanisms for monitoring the private medical colleges. It focused on the overall monitoring part of the private institutions, not focused on any specific technical issue such as curriculum. The allocated time for the research was very short, therefore, the overall design of the research customized according to the constraint of time.

CONCLUSION

To achieve the goals of SDG and the vision 2041, Bangladesh should ensure quality health services for all its citizens. Improved health service and quality medical education are positively correlated. Therefore, similar to health service, emphasis should be given on medical education as well. Since private entrepreneurship is playing a significant role in the medical education field in the country, therefore, there is a need to spot light on private medical institutions for their further development. All the private medical colleges should be mainstreamed with the public ones for a comprehensive result. Private medical colleges in Bangladesh contribute significantly to the healthcare workforce. By addressing the challenges found in the study, these private academic institutions can continue to play a pivotal role in shaping the future of medical education and healthcare systems in the country.

References

1. Khan, AJ.
2004 *Scope of medical colleges in private sector*. J Ayub Med Coll Abbottabad, Jan-Mar;16(1):1-3. PMID: 15125170.
2. Khan, Md. Aminul Haque
2012 *Private Medical Colleges in Bangladesh*, Editorial, January, Journal of Enam Medical College, Vol 2 No 1, pp. 3-4.
3. Kumar, Dhanonjoy & Bagchi, Sraboni & Ray, Shimul.
2021 *Why Bangladeshi Patients Prefer Outbound Medical Travel? An Analytical Study*, 4, 1-15, 10.37227/ITHJ-2021-05-1088.
4. Ali, Muhammad Mahboob & Medhekar, Anita
2016 *Globalization, medical travel and healthcare management in Bangladesh. Problems and Perspectives in Management*, 14, 360-375 and 260. 10.21511/ppm.14(2-2).2016.12.
5. Majumder, MAA
2003 *Medical Education in Bangladesh: Past Successes, Future Challenges*, Bangladesh Medical Journal; 32:37-39.
6. Government of Bangladesh
2008 *The Constitution of the People's Republic of Bangladesh*, Bangladesh Government Press, Dhaka.
7. World Bank
2009 *The road to results: designing and conducting effective development evaluations (English)*. Available at:
<http://documents.worldbank.org/curated/en/400101468169742262/The-road-to-results-designing-and-conducting-effective-development-evaluations>
8. Chowdhury, Prof Dr M U Kabir
2023 *Development of health sector after independence of Bangladesh*, *The Daily Star*, 5 February.
<https://www.thedailystar.net/star-health/news/development-health-sector-after-independence-bangladesh-3239301>

9. Hossain, Feda Al

2023 Seeking treatment: Choosing between foreign and local healthcare facilities, *The Daily Star*, Feb 13. Available at:

<https://www.thedailystar.net/supplements/32nd-anniversary/the-changing-middle-class-story/news/seeking-treatment-choosing-between-foreign-and-local-healthcare-facilities-3245536>

10. The Daily Star

2019 '*Unsatisfactory State of Private Medical Education*', 27 March. Available at

<https://www.thedailystar.net/editorial/news/unsatisfactory-state-private-medical-education-1720681>. [14 June 2024]

11. The Daily Bangladesh

2024 '*Ban on Admission to Four Private Medical Colleges*', 9 January. Available at

<https://www.daily-bangladesh.com/english/national/90790>. [14 June 2024]

12. Top Universities.

2023 *QS World University Rankings for Medicine*, [online] Available at: <https://www.topuniversities.com/university-subject-rankings/medicine> [Accessed 4 Mar. 2024].